UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/PRK/3
9 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Democratic People's Republic of Korea

Proposed UNFPA assistance:	$3.6 million from regular resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Third
Category per decision 96/15:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	*Total*
Reproductive health	3.4	3.4
Programme coordination & assistance	.2	.2
Total	3.6	3.6

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DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	99.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	70.0	≥55
Access to basic health services (%)[3]	100.0	≥60
Infant mortality rate (/1000)[4]	24	≤50
Maternal mortality rate (/100,000)[5]	41	≤100
Gross female enrolment rate at primary level (%)[6]	87.8	≥75
Adult female literacy rate(%)[7]	na	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	22,097
Population in year 2000 (000)	23,913
Sex ratio (/100 females)	100.3
Per cent urban	62
Age distribution (%)	
Ages 0-14	26.5
Youth (15-24)	19.3
Ages 60+	7.3
Percentage of women aged 15-49	57.7
Median age (years)	26.7
Population density (/sq. km.)	183
Annual population growth rate (%)	1.58
Urban	2.10
Rural	.73
Crude birth rate (/1000)	21.3
Crude death rate (/1000)	5.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	2.10
Life expectancy at birth (years)	
Males	68.9
Females	75.1
Both sexes	72.2
GNP per capita (U.S. dollars, 1994)	728

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support the Democratic People's Republic of Korea through a four-year programme of assistance (1998-2001). The main focus will be on reproductive health, including family planning and sexual health (hereafter referred to as reproductive health). An amount of $3.6 million is proposed from UNFPA's regular resources, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to the country.

2. The proposed programme has been formulated in close consultation with the Government, taking into account its national rehabilitation programme, as well as lessons learned from two previous cycles of UNFPA assistance to the country. The assistance provided by other donors working in the country has also been taken into consideration, including UNDP's country cooperation framework (1997-1999) and the United Nations Consolidated Inter-Agency Appeal for Flood-Related Emergency Humanitarian Assistance to the Democratic People's Republic of Korea.

3. While the country has met threshold levels for the indicators endorsed by the Executive Board in decision 96/15 governing allocation of UNFPA resources and would therefore be classified as a group "C"country, there are several programme areas of concern. These include quality-of-care aspects of reproductive health services; the acute shortage of essential drugs and contraceptives; the high abortion rate; and the 100 per cent increase (over a three-year period) in the maternal mortality ratio. Of additional concern is the fact that recent natural disasters have damaged the country's infrastructure and caused disruptions in the delivery of reproductive health services .

4. The proposed programme of assistance seeks to support the Government in improving the reproductive health status of women and men in three provinces through implementation of a basic reproductive health subprogramme. UNFPA support will contribute to meeting family planning needs and reducing maternal mortality and morbidities through the provision of affordable, sustainable and client-oriented reproductive health services. Specifically, the programme will address the following key issues: improving quality of care, increasing the supply of contraceptives and essential drugs, widening contraceptive choice and improving the logistics management information system . By the end of the cycle, it is expected that abortion trends will be reversed, maternal mortality and morbidity lowered, and a better mix of contraceptive methods made available. The Government will closely monitor programme activities in the three selected provinces and is committed to replicating successful and relevant experiences in other provinces.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The Democratic People's Republic of Korea is suffering from the effects of a number of natural disasters that are adversely impacting the health and well-being of its people. Hailstorms in 1994, floods in 1995 and 1996 and a recent drought have damaged the infrastructure and led to breakdowns in the delivery of health services, including reproductive health and family planning services. The health status of women and children, especially in the rural areas, has been seriously affected by the acute shortage of food and essential drugs. To assist the country in coping with the emergency situation, the United Nations Consolidated Inter-Agency Appeal for Flood-Related Emergency Humanitarian Assistance was launched in June 1996. Donor response has been favourable, and food aid has been the top priority.

7. In 1996, the population of the Democratic People's Republic of Korea was reported to be 22.1 million. About 61 per cent of the people live in urban areas, with Pyongyang, the capital city, having approximately 13 per cent (2.7 million) of the total population. Around 80 per cent of the country is mountainous and only 17 per cent of the land is arable. The rate of natural increase was 1.5 per cent per year in 1993 and 1.4 per cent per year in 1996. The total fertility rate is reported to be 2.06 and the contraceptive prevalence rate is 67 per cent. Gross female enrolment at the primary level and the adult female literacy rate are both reported to be 100 per cent. The Government does not have an explicit population policy or programme, and it neither encourages nor discourages the present population momentum. In the absence of a specialized organization taking care of population issues, broad matters related to population are managed by the State Planning Commission.

8. According to Government data, between 1993 and 1996, the infant mortality rate rose from 14.1 to 18.6 per 1,000 live births and the maternal mortality ratio doubled from 54 per 100,000 live births to 105 per 100,000. Also, during the period 1993-1997, the average life expectancy at birth decreased from 72.7 to 70.1 years, and the number of births attended by health professionals declined by 10 per cent to 87.8 per cent (in rural areas the number fell from 70 per cent to 45 per cent). Reproductive tract infections (RTIs) have increased from 5 per cent in 1993 to about 8 per cent in 1996, and the prevalence of anaemia during pregnancy has increased from 6 per cent to 23 per cent. During the same period there has been a 15 per cent increase in the incidence of abortions.

9. The Ministry of Public Health coordinates the administrative implementation of the reproductive health programme while the Pyongyang Maternity Hospital is the lead institution for introducing new medical techniques and providing training in maternal and child health/family planning (MCH/FP) to provincial and county doctors and nurses. The country has an established infrastructure for the delivery of reproductive health services. Each province is divided into districts and dongs in urban areas and counties and ris in rural areas. Health services are delivered through

a well-developed network of hospitals (central, provincial, city, district, county and ri-level people's hospitals) and clinics. Maternal care services include the registration of pregnant women and provision of antenatal and postnatal care either in clinics or at home by midwives. In the private sector there are only 10 clinics, located in the capital Pyongyang and in four provinces. These clinics are managed by the Korean Family Planning/ Maternal Child Health Association (KFP/MCHA), an affiliate of the International Planned Parenthood Federation (IPPF). Through mobile clinics, the Association is also providing reproductive health services (on a pilot basis) to remote mountainous areas in four provinces.

10. In spite of the established health service system there are several concerns regarding quality-of-care aspects of the reproductive health services. Over-reliance on a single contraceptive method, namely the intra-uterine device (IUD), is a key concern. According to data provided by the Ministry of Public Health, 67 per cent of married women were using a contraceptive method in 1996 and the IUD accounted for 75 per cent of the users. Use of other methods was as follows: female sterilization, 6.5 per cent ; traditional methods, 17.7 per cent; oral contraceptives (pills), 0.3 per cent; condoms, 0.4 per cent; and vasectomy, 0.1 per cent. Vasectomy is performed only in one province in spite of the technical training provided to doctors during UNFPA's second country programme. The burden of fertility regulation rests entirely on women (99.5 per cent of contraceptive users are women), and there is practically no use of male methods. In general, men are considered to have no role or responsibility in reproductive health. Though women and men have equal status and rights under the Constitution and gender is recognized as a key dimension in the development process, there remains a major gap between this conceptual recognition and its application in the area of reproductive health services. Even information, education and communication (IEC) campaigns do not address the role and responsibility of men. The reproductive health information and service needs of youth and adolescents are similarly neglected.

11. Reproductive health is a relatively new concept for policy makers, programme managers, service providers and the general public, hence technical management protocols and clinical practices for the management of reproductive health conditions tend not to be based on recent scientific knowledge or internationally recommended standards. Further training is urgently needed to improve and enhance the technical knowledge and interpersonal skills of service providers. Another concern is the lack of data on prevalent reproductive health conditions, client satisfaction, user needs and service utilization patterns. While the Ministry of Public Health routinely receives service data from the provinces on coverage and prevalence of reproductive health conditions, this information is not readily available, and it is unclear to what extent it is used to improve the quality of reproductive health services.

Previous UNFPA assistance

12. Cooperation between UNFPA and the Government of the Democratic People's Republic of Korea began in 1985. During the first cycle of assistance, 1985-1989, UNFPA's support totalled $2.2 million and was concentrated on MCH/FP services (including the supply of IUDs), population and development, and IEC. UNFPA support also helped to strengthen the capacity of the Health Education Institute for the development and dissemination of MCH/FP materials. A Basic Needs Assessment (BNA) conducted towards the end of the first cycle of assistance laid the basis for the second country programme. The BNA report reiterated the need to strengthen MCH/FP services at all levels, including through the provision of basic equipment and supplies, training of medical and nursing staff, and the supply of a wider range of contraceptives to ensure that over-reliance on a single method (IUDs) was avoided. It was also proposed that IEC efforts should be expanded to rural areas.

13. During the second cycle of assistance (1990-1993, extended to 1997), close to 52 per cent of the country programme resources (which totalled $6 million) went to four projects in the area of population and development, including support provided to the Central Bureau of Statistics for the 1993 census. Forty-two per cent of total programme resources were utilized for three projects in the MCH/FP area and 6 per cent were allocated for four projects focusing on building national capacity. A final evaluation of the second cycle of assistance was conducted in October 1996. Its key findings, *inter alia*, noted the lack of national coordination mechanisms to ensure sectoral consistency and underscored that even after 10 years of efforts and support the goal of a better contraceptive method mix had not been achieved. The participation of men in matters relating to reproductive health was found to be non-existent, with the burden of fertility regulation falling entirely on women. These issues will be addressed in UNFPA's third cycle of assistance.

14. In the two previous programme cycles, UNFPA assistance to the health sector (specifically the MCH/FP programme) concentrated primarily on the procurement of equipment, and overseas training and study tours. The usefulness of such training has been very limited, especially given the lack of foreign language skills of the trainees. Consequently, during the third cycle of assistance, international experts and consultants will be brought to the country to provide training. This should also enable a larger number of nationals to receive training.

Other external assistance

15. At present the major donors in the Democratic People's Republic of Korea are the United Nations agencies, notably UNICEF, WHO, UNDP, the World Food Programme (WFP) and UNFPA. The Médecins sans Frontières (MSF) is the only non-governmental organization (NGO) involved in providing emergency aid in the health sector. International donor assistance is presently based on the consideration that the country has been severely affected by natural disasters during the last

three years. The United Nations Consolidated Inter-Agency Appeal for Flood-Related Emergency Humanitarian Assistance is the major framework under which United Nations efforts to assist the country are being coordinated.

16. UNDP has provided $16 million for infrastructure, including for the rehabilitation of arable land and irrigation systems in flood-stricken areas. While under normal circumstances UNICEF provides only limited assistance to the country, it has mobilized approximately $11 million for children's emergency relief. The World Food Programme plays a key role in coordinating food aid to the country provided by bilateral donors. WHO's assistance ($5.7 million in 1996-1998) is focusing on the provision of essential drugs and traditional medicines; strengthening of district health systems; supporting health research and technology; and building national capacity. Support from the Government of Italy in the amount of $6.5 million for the provision of antibiotics to disaster-affected areas will be executed by WHO, during 1997-1998. MSF has provided assistance in the amount of $1.5 million for essential drugs and supplies to hospitals and clinics. UNFPA has provided $100,000 in 1996 to the flood-affected areas and $300,000 in 1997 through the "Democratic People's Republic of Korea Rehabilitation Trust Fund" for the rehabilitation of clinics. An additional amount of $1.5 million in emergency assistance to support flood-affected counties was provided by UNFPA to the Government, at the end of 1997.

17. UNFPA is the only international agency in the country which has been providing comprehensive assistance, over a long time period of time, to improve the reproductive health of women and men. UNFPA also has a long history of association with the Government and has successfully developed a partnership based on mutual trust and understanding.

Proposed programme

18. The proposed programme will assist the Government of the Democratic People's Republic of Korea in implementing a comprehensive reproductive health/family planning (RH/FP) programme in three provinces, based on the principles of the ICPD Programme of Action. The three provinces are South Hwanghae Province, North Pyongyang Province and Pyongyang City and its suburb districts. The first two have been hard hit by natural disasters and their reproductive health services need to be strengthened. Services in Pyongyang City and its suburb districts will be strengthened to serve as models for replication throughout the country. The programme will primarily focus on improving the reproductive health status of women and men by meeting their family planning needs and reducing maternal mortality and morbidity through the provision of affordable, sustainable and client-oriented reproductive health services.

19. Specifically, the programme will support the following activities: (a) strengthening the capacity of reproductive health service delivery points at provincial, district, county and ri levels in

three provinces, to enable them to deliver quality and client-centred reproductive health services; (b) enhancing the technical knowledge and skills of reproductive health service providers in the three provinces, including interpersonal counselling skills, for the prevention and improved management of reproductive health conditions; (c) improving management capacity at central, provincial and county levels in planning, implementing and monitoring reproductive health activities; (d) creating awareness and increasing knowledge and a sense of responsibility about reproductive health issues among men, as well as adolescents and youth; and (e) supporting country-wide advocacy efforts for a better understanding of reproductive health concepts and principles, including the importance of gender equity and equality, by targeting policy makers, programme managers, service providers and clients.

20. In each of the three provinces where the Fund will focus its support, three county hospitals and six ri hospitals (two per county) will be strengthened. Additionally, two district hospitals will also receive support. To improve the quality of reproductive health care at these facilities they will be provided with essential drugs for the prevention and treatment of anaemia, sepsis, RTIs and haemorrhage and with the necessary basic equipment for the management of reproductive health services. At county and district levels, an ambulance will be provided for transporting clients (mainly women) in emergency situations. UNFPA will also provide an equipped mobile clinic van in each of the three provinces to deliver comprehensive reproductive health care to clients living in remote areas. In each province the van will follow a fixed schedule and regularly visit remote areas to provide IEC and reproductive health services. To further expand outreach and access to family planning, midwives and doctors at the ri-level will be trained in the provision of reproductive health care, including IUD insertion techniques for which women currently must travel to county hospitals.

21. Broadening the method mix so as to offer clients a wider choice of safe, reliable, effective and affordable contraceptive methods and improving the technical knowledge and interpersonal counselling skills of service providers are two key components of a strategy to enhance quality of care. The programme will seek a shift from an over-reliance on IUDs to a broader method mix through the provision of a wider choice of contraceptives including condoms and oral contraceptives. The desired contraceptive method mix in the three provinces at the end of four years of UNFPA support is envisaged as follows: (a) a decrease in the use of IUDs from the current 75 per cent to 50 per cent and of traditional methods from 17.7 per cent to 8 per cent; and (b) an increase in condom use from 0.4 per cent to 10 per cent, oral contraceptives from 0.3 per cent to 10 per cent and male sterilization from 0.1 per cent to 10 per cent. Annual changes in the pattern of contraceptive use will be closely monitored. IEC and advocacy efforts will focus on increasing the role and responsibility of men in reproductive health and male methods of contraception will be widely promoted. At the same time, the availability of condoms and easy access to vasectomy services will be increased.

22. Importantly, the programme will undertake efforts in the three provinces to reverse abortion trends and lower maternal mortality and morbidity by providing a wide choice of contraceptives and strengthening the infrastructure of health facilities to enable the delivery of quality reproductive health services. UNFPA will support the training of reproductive health service providers to improve their technical competence and interpersonal counselling skills. Existing clinical practices and technical management protocols will be reviewed and modified according to internationally recommended practices for the prevention and management of reproductive health conditions. The components of the delivery of integrated reproductive health care will include family planning, prevention, screening and management of RTIs and sexually transmitted diseases (STDs), prevention and management of complications of abortion, and safer maternity care aimed at prevention and timely management of complications. International experts will provide technical assistance to national counterparts in the development of clinical management protocols and training materials. All health personnel in the delivery of reproductive health services in the three provinces will receive initial in-service training and refresher training 12-18 months later.

23. Support will also be provided to strengthen management capacity at central and provincial levels for planning, implementing and monitoring an integrated reproductive health programme. Attachment training of two weeks for key reproductive health programme managers and senior professionals from central and provincial levels will be organized. Half of the trainers and trainees will be women. The UNFPA Country Support Team for East and South East Asia, based in Bangkok, Thailand, has the necessary expertise to provide such training. In-country management workshops will also be supported to help build and sustain management capacity at national level. The UNFPA Country Support Team will also provide technical expertise and training to strengthen the logistics management information system.

24. UNFPA has been the major provider of contraceptives to the country during recent years. Only limited contraceptive supplies (30 per cent of the total IUDs received by the country during the period of the second programme cycle) were provided by IPPF through KFP/MCHA. During 1998-2001 the amount of contraceptives supplied by IPPF will be reduced. As no other donor agency has expressed an interest in providing contraceptive commodities, UNFPA will increase its support for contraceptives during its third cycle of assistance, in order to meet the reproductive health needs of the people of the Democratic People's Republic of Korea.

25. Since the concept of reproductive health is relatively new, the Government is interested in promoting its wide understanding. Workshops, meetings and multi-media channels will be used to advocate for and to increase knowledge and awareness of reproductive health and its key principles, including the importance of gender equity and equality. Advocacy efforts will specifically target policy makers, programme managers, reproductive health service providers and beneficiaries. Partnerships and networking will be encouraged to achieve effective advocacy. The

Kim Bo Hyon University and the Grand People's Study House are strategically placed to carry out such advocacy activities, and it is envisaged that they will play a key role.

26. Recognizing the importance of increasing male participation in reproductive health, support will be provided for IEC and advocacy efforts directed to political leaders (to secure commitment from the top levels of Government) service providers and men. The Fund will assist in developing IEC materials to promote the role, responsibility and involvement of men in reproductive health. At the same time, advocacy efforts will also focus on promoting gender equity and equality. Special attention will be paid to addressing the needs of youth and adolescents, and school education curricula will be revised to include reproductive health issues and to emphasize the importance of shared reproductive health responsibilities. New information materials will be prepared by the Health Education Institute in collaboration with the Ministry of Public Health and the KFP/MCHA.

27. Currently, accurate data on reproductive health status and conditions are lacking. Support will be provided to conduct a reproductive health survey in the three provinces to obtain data on various aspects of reproductive health services including client perspectives, priority needs, satisfaction with services and service utilization patterns. The survey will be conducted jointly by the Population Centre and the Ministry of Public Health. Technical assistance will be provided by international experts. The information and results obtained from the survey will be useful both for the planning and delivery of quality and client-oriented reproductive health care for women and men and for the production of audience-specific IEC and advocacy materials and messages.

Programme implementation, management, monitoring and evaluation

28. The National Coordinating Committee (NCC) for UNFPA, created in May 1994 in the International Organization Department of the Ministry of Foreign Affairs, has been an effective mechanism for coordination of the UNFPA-supported country programme and will continue to have overall responsibility for programme implementation and coordination of UNFPA's assistance. Responsibility for implementation of specific programme components such as IEC, advocacy, strengthening of reproductive health services, training of service providers, and management of the reproductive health programme will be delegated to selected individuals and institutions. Under the chairmanship of the Vice-Minister of Health, a national reproductive health task force will be established to coordinate and monitor programme activities. The task force membership will consist of focal points from the implementing institutions and representatives from the NCC and the UNFPA field office in Pyongyang. The seven collaborating institutions responsible for implementing various reproductive health components will be the Ministry of Public Health, the Health Education Institute, the Population Centre, the Grand People's Study Hall, Kim Bo Hyon University, the KFP/MCHA and the National Education Committee. The task force will meet regularly to ensure synchronization, complementarity and the timely implementation of planned activities based on the approved annual work plan.

29. For the most part, there is no previous experience with national execution in the Democratic People's Republic of Korea. Although some national institutions such as the Health Education Institute under the Ministry of Public Health may have the capacity to execute certain components of the programme of assistance, they do not possess the means to execute an entire project. With the exception of the Ministry of Foreign Affairs, no other national or local organization in the country has international telephone links. Hence, one or more United Nations agencies and/or international NGOs (such as IPPF) need to be identified to execute the reproductive health programme activities. Execution of some components of the programme, particularly the procurement of contraceptives, drugs and supplies, will be undertaken by UNFPA.

30. The UNFPA Office in Beijing, China, will monitor project implementation through periodic visits, participation in annual review meetings and through regular review of project reports. Specific reproductive health indicators will be identified in advance to measure the achievement of programme objectives. The annual meetings, which include the Government, executing agencies and UNFPA staff, will review and discuss project progress and approve work plans for the following year. A mid-term evaluation will be undertaken at the end of the second year of implementation to assess progress and to introduce corrective measures if necessary. An end-of-programme evaluation will be carried out towards the end of the cycle of support to assess impact on intended beneficiaries and to define directions for future interventions.

Recommendation

31. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Democratic People's Republic of Korea, as presented, in the amount of $3.6 million from UNFPA's regular resources over the period 1998-2001, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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Distr.
GENERAL

DP/FPA/PRK/3/Corr.1
13 April 1998

ORIGINAL: ENGLISH

Second regular session, 1998
20-24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

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Assistance to the Government of the Democratic People's Republic of Korea

Corrigendum

Page 8, paragraph 21, line 10

For 10 per cent read 1 per cent.

98-10127 (E) 150498 200498